

REQUEST FOR OJW RELEASE

DEFENDANT'S INFORMATION

TODAY'S DATE: _____

FULL NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

CASE NUMBER & COURT ROOM: _____

*THERE WILL BE A MINIMUM OF 24 HOURS BEFORE YOUR REQUEST WILL BE
READY*

*NOTE: Only OPEN cases with a charge of Driving Under Restraint/Suspension, or Driving
Without a Valid License will be considered.*

Please allow defendant to pay OJW in order to reinstate driver's license.

DISTRICT ATTORNEY